

DE FINO LAW ASSOCIATES, P.C.

2541 S. Broad Street
Philadelphia, PA 19148

Tel: (215) 551-9099
Fax: (215) 551-4099
www.thephillyfirm.com

Michael Anthony DeFino
Vincent Anthony DeFino

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Nicholas J. Starinieri*
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Benjamin J. Simmons
Natalie DeMeis*
*Also Member NJ Bar

8/28/24

Gordon and Rees
Att Virginia Squitieri, Erik DiMarco, Nunzio Moudatsos
Via Email only vsquitieri@grsm.com; edimarco@grsm.com; nmoudatsos@grsm.com

and

Sedgwick Claims
Att Thomas Sullivan
Via email only thomas.sullivan@sedgwick.com

Re: Faboloso Multipurpose Injury
My Client: Patricia Bevins
Sedgwick/BJ's Claim: A423061V0PV-0001

Dear Ms. Squitieri, and Mr. Sullivan:

In response to your requests, I have included the requested information for your review, including the following;

- (1) Completed and Executed Consumer Data Form
- (2) Medical Records Supporting Injury
- (3) Set of Photographs of Injury from February of 2023
- (4) Set of Photographs from August/September 2024
- (5) Copies of receipts and paperwork concerning product purchase and recall information to Patricia's employer.

Important and unique to my client's claim, is that prior to plaintiff having her one and only child, she had long worked in the casino industry as a dealer and had only worked in cleaning as a part time job in addition to "mom-ing" full time. That said, she always intended on going back into the casino industry where she could earn at a much higher rate than compared to cleaning; and is now reluctant to pursue a future employment in the casino industry due to the fact that dealing cards obviously requires focus on the dealer's hands.

While seriously injured, my client is reasonable, and pragmatic and hopes to resolve her claims as efficiently as possible. As such, please contact me once you have reviewed the attached information so we can discuss potential resolution and next steps.

Very truly yours,


NICHOLAS L. PALAZZO, ESQ.

CONSUMER DATA FORM			
CONSUMER INFORMATION			
Full Name: Patricia Bevins	Sex : <input type="checkbox"/> xFemale	Date of Birth: 5/18/91	Weight: <input type="checkbox"/> LB 150 <input type="checkbox"/> Kg
Mailing Address and email address: C/o 2541 S. Broad Street, Phila., PA 19148		Marital Status: Single	
Telephone Number : C/o 215 551 9099		Spouse's Name (if applicable):	
FABULOSO PRODUCT INFORMATION			
Name of Fabuloso product(s) involved: see receipts and product paper work attached relating to Multipurpose			
Scent and color of the Fabuloso product(s) involved: Lavender Purple			
Where was the Fabuloso product(s) purchased? <i>If you have a receipt or invoice showing proof of purchase, please provide contemporaneously with this Form.</i> see attached			
Date the Fabuloso product(s) were purchased: see attached receipts			
If the Fabuloso product(s) were purchased by anyone other than the Consumer, please provide the purchaser's full name and address: Product purchased by someone else and used by the consumer, Patricia Bevins.			
Do you still have any Fabuloso products in your possession? If yes, please identify the quantity of products in your possession and visit Fabuloso® Recall.com for more information. If no, please advise how and when they left your possession. <i>To the extent that you have a Fabuloso product in your possession that you believe is part of the recall, please provide photographs of the container from all angles and make sure that any writing on the container is captured in the photographs.</i> No.			
What is the UPC and lot/manufacturing code number on the Fabuloso product(s)? Unknown. See Documentation and photos attached.			

EVENT INFORMATION

1.	When did you first use the Fabuloso product(s) that you believe are a part of the recall? January of 2023 or thereabout
2.	How many times / how frequently did you use the product? frequently, multiple times per week
3.	Where did you use the product? work
4.	Did anyone witness you using the product? If so, please provide their names and addresses. yes, cleaning partner Lauren Watson
5.	Did you stop using the product? If so, please provide the last day of usage. some time around February of 2023
6.	Did you experience or exhibit any physical complaints/conditions from using the product? If yes, please provide more information here including identifying the symptoms exhibited and the date of onset: yes, dry, cracked, itchy, scarring
7.	If you answered "Yes" to question 6, above, did you seek medical attention? If yes, please provide dates and the names of all medical providers and hospitals. <i>Additionally, please provide all medical records in your possession related to your medical treatment associated with Fabuloso, and completed HIPAA authorization(s) for release of medical records contemporaneously with this Form.</i> yes, see medical records attached, we object to your request for a full HIPPA release.
8.	Have your symptoms and physical complaints since resolved? If yes, please provide approximate date. no continued discomfort, discoloration, scarring
9.	If you answered "Yes" to question 6 above, have you ever experienced those symptoms in the past? If yes, please explain.
10.	Do you have any preexisting medical conditions or diseases? none relevant

Patricia Bevins
Claimant Printed Full Name


Claimant Signature


Attorney Signature

Date


Date


Date



9-27-23-Jay to 8 484-628-8822
Attn: Lasonna-

DE FINO LAW ASSOCIATES, P.C.

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*Also Member NJ Bar

Facsimile Cover Sheet

Date: 08-01-23

Number of Sheets including cover: 3

Fax: VIA FAX: 484-334-6100
Tower Health Urgent Care

RE: Patricia Bevins
DOB: 5/18/91

From: NICHOLAS L. PALAZZO, /JULIE MYERS, PARALEGAL

NOTE: Please see attached.

Please call if there is any problem with this facsimile transmission. Thanks.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO THE MAIN ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

RECEIVED BY

SEP 29 2023

CIOX HEALTH

From:

09/27/2023 13:41

#711 P.002/004

DE FINO LAW ASSOCIATES, P.C.

2541 S. Broad Street
Philadelphia, PA 19148

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August 1, 2023

VIA FAX: 484-334-6100
Tower Health Urgent Care
2231 Bryn Mawr Avenue
Philadelphia, PA 19131

RE: Patricia Bevins
DOB: 5/18/91

To whom it may concern:

Please be advised that I am the attorney for Patricia Bevins in her claim for injuries sustained to her hands/skin. Ms. Bevins advised me that she presented to your facility for care and treatment.

Kindly forward the undersigned a copy of your complete medical chart pertaining to this incident from 1/1/2023 up to the present time. An appropriate medical authorization permitting you to release the request records is attached.

Thank you for your courtesy.

Very truly yours,

/s/
Nicholas L. Palazzo, Esquire

NLP/jcm
Enclosure

From:

09/27/2023 13:42

8711 P.003/004

**AUTHORIZATION TO USE AND DISCLOSE
PROTECTED HEALTH INFORMATION**

PATIENT: Name: Patricia Burns
 Address: 916 N. 46th Street
Phila. Pa. 19131
 Birth date: 5-18-91
 Soc. Sec. No.: XXX-XX-6276

AUTHORIZES: Tower Health Urgent Care

TO RELEASE PROTECTED HEALTH INFORMATION TO: DE FINO LAW ASSOCIATES, P.C.
 2541 S. Broad Street, Philadelphia, PA 19148

INFORMATION TO BE RELEASED:

<input type="checkbox"/> Medical History, Examination, Reports	<input type="checkbox"/> Surgical Reports	<input type="checkbox"/> Treatment or Tests
<input type="checkbox"/> Hospital Records Including Reports	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Allergy Records
<input type="checkbox"/> X-ray Reports	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Laboratory Reports
<input type="checkbox"/> Consultations	<input checked="" type="checkbox"/> Entire Record	<input type="checkbox"/> Other (Specify) _____

In compliance with any state Statutes which require special permission to release otherwise privileged information, please release records pertaining to:

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> HIV (AIDS)	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Other (Specify): _____		

FOR THE FOLLOWING DATE(S): any/all from 1-2-23 to present

PURPOSE FOR NEED OF DISCLOSURE: (Check applicable categories)

<input type="checkbox"/> Further Medical Care	<input checked="" type="checkbox"/> Personal	<input type="checkbox"/> Insurance Eligibility/Benefits
<input type="checkbox"/> Changing Physicians	<input type="checkbox"/> Legal Investigation or Action	<input type="checkbox"/> Other (Specify): _____

RIGHT TO REVOKE: I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

EXPIRATION DATE: This authorization is good until the following date(s) or event(s) (specify event): Until Case Settles

RE-DISCLOSURE & VOLUNTARINESS: I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my intentions and directions.

Signature of Patient: X [Signature]

Date: X 8/1/2023

(If signed by person other than patient, state relationship and authority to do so.)

Patient is: ☐ Minor ☐ Incompetent ☐ Disabled ☐ Deceased

Other Legal Authority:

<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Executor of Estate of Deceased
<input type="checkbox"/> Power of Attorney for Healthcare	<input type="checkbox"/> Authorized Legal Representative	

21

JC: 37429

[illegible]

Result ON: COMMUNICATIONS ON, E-OK: Basic Communication, PW-OFF: Power Switch OFF,
VLT: Air Flow Fan, PU: Status Error, CONT: Continue, NO ERR: No Error
MSG: Message Received, Busy: Busy, E-FAIL: Error, LON: Receiving Length Over,
COM: Receiving Page Over, C-FAIL: Error, SC: Receive Error, MON: Monitor Response Error,
CPU: Processor Error, SHUT: Compulsory Memory Document Error,
DEL: Compulsory Memory Document Deleted, SEND: Compulsory Memory Document Send.

Tel: 0151 551-0099
Fax: 0151 551-4099
www.dellinstruments.com

Nicholas J. Buttrick*
Nicholas L. Nelson*
Benjamin J. Simmons
Christi N. DePinto
Nicola Dabbas*
*Law School, NYU

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YOU!

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Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0433767362
Date: 10/ 05/ 2023
Customer #: 1456342

Ship to:
NICHOLAS L PALAZZO
DE FINO LAW ASSOCIATES
2541 S BROAD ST
PHILADELPHIA, PA 19148-4309

Bill to:
NICHOLAS L PALAZZO
DE FINO LAW ASSOCIATES
2541 S BROAD ST
PHILADELPHIA, PA 19148-4309

Records from:
PREMIER URGENT CARE EXTON
278 EAGLEVIEW BLVD
EXTON, PA 19341

Requested By: DE FINO LAW ASSOCIATES
Patient Name: BEVINS PATRICIA

DOB : 05/18/1991

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS

Description	Quantity	Unit Price	Amount
Basic Fee			27.14
Retrieval Fee			0.00
Per Page Copy (Paper) 1	19	1.83	34.77
Electronic Data Archive Fee			2.00
Subtotal			63.91
Sales Tax			3.83
Invoice Total			67.74
Balance Due			67.74
Please remit this amount : \$67.74(USD)			

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P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Get future medical records as soon as they are processed, by signing up for secure electronic delivery.
Register at: <https://www.smartrequest.com/>

Invoice #: 0433767362

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.



**Tower Health
Medical Group**

TOWER HEALTH

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612
Redisclosure Statement

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F

Date: 10/5/23

Re-disclosure Statement

If and to the extent the attached records contain information which is protected from re-disclosure by federal and/or state law, the reader of this record is advised as follows:

- This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
- This information has been disclosed to you from records whose confidentiality is protected by state statute. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains.
- This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.



Tower Health Medical Group

TOWER HEALTH

Assessing Health Information for Redisclosure Statement

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Progress Notes by Edmonds, Michael, PA-C at 02/24/23 1220

Author: Edmonds, Michael, PA-C	Service: —	Author Type: Physician Assistant
Filed: 02/24/23 1711	Encounter Date: 2/24/2023	Note Type: Progress Notes
Status: Signed	Editor: Edmonds, Michael, PA-C (Physician Assistant)	

Subjective^[ME.1]

Patricia Bevins^[ME.2] is a^[ME.1] 31 y.o.^[ME.2] year old^[ME.1] female^[ME.2] who presents with complaint of rash.^[ME.1]

Patient works as a cleaner and uses a chemical that was recently recalled by the FDA for containing irritants. Since she has been using this cleaning supply, she has noticed a rash to her bilateral hands. The skin of her hands is dry, cracked, and itchy. She denies history of rashes and other chronic skin conditions. Has been applying topical moisturizers at home without relief.^[ME.3]

Review of Systems

Constitutional: Negative for chills, fatigue and fever.
 HENT: Negative for congestion, postnasal drip, sinus pressure and sore throat.
 Eyes: Negative for discharge and redness.
 Respiratory: Negative for cough, chest tightness and shortness of breath.
 Cardiovascular: Negative for chest pain and palpitations.
 Gastrointestinal: Negative for abdominal pain, nausea and vomiting.
 Genitourinary: Negative for dysuria.
 Musculoskeletal: Negative for arthralgias and myalgias.
 Skin: Positive for rash. Negative for color change.
 Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.
 Neurological: Negative for dizziness, light-headedness and headaches.
 Hematological: Negative for adenopathy.
 Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.^[ME.1]

has a current medication list which includes the following prescription(s): cephalexin, ibuprofen, prednisone, sumatriptan, and triamcinolone.

has no past medical history on file.

Past Surgical History:

Procedure	Laterality	Date
• CESAREAN SECTION ^[ME.2]		

Objective^[ME.1]

Blood pressure 121/72, pulse 62, temperature 36.9 °C (98.5 °F), temperature source Oral, resp. rate 16, SpO2

Generated on 10/5/23 8:34 AM



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Medical Group**

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612
Notes Report

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 2/24/2023

Progress Notes by Edmonds, Michael, PA-C at 02/24/23 1220 (continued)

99 %^[ME.2]

Physical Exam Constitutional:

General: She is awake. She is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane and ear canal normal.

Left Ear: Tympanic membrane and ear canal normal.

Nose: No mucosal edema or rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear. No oropharyngeal exudate or posterior oropharyngeal erythema.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Full passive range of motion without pain.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: S1 normal and S2 normal. No murmur. No friction rub. No gallop.

No peripheral edema noted

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing, rhonchi or rales.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Full passive range of motion without pain.

Lymphadenopathy:

Cervical: No cervical adenopathy.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Skin:

Findings: Rash present. No lesion. Rash is scaling.

Comments:^[ME.1] Skin to bilateral fingers and dorsum of hands is dry, cracked, and flaking off. Mildly erythematous. Pruritic. No warmth or tenderness appreciated.^[ME.3]

Psychiatric:

Attention and Perception: Attention normal.

Mood and Affect: Mood normal.

Speech: Speech normal.



**Tower Health
Medical Group**

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Advancing Health. Transforming Lives. Notes Report

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 2/24/2023

Progress Notes by Edmonds, Michael, PA-C at 02/24/23 1220 (continued)

Assessment^[ME.1]

Final diagnoses:

Allergic reaction to chemical substance, accidental or unintentional, initial encounter^[ME.2]

MDM - Pt presents to office with^[ME.1] rash. Has been using a chemical cleaning product that she believes has been irritating her bilateral hands. Exam shows, dry, cracking, flaking skin to fingers and dorsum of bilateral hands. No erythema or tenderness. Exam findings most consistent with allergic reaction to chemical irritant. Low suspicion for bacterial infection at this time. Will treat with topical Triamcinolone and PO prednisone taper. Paper prescription for Keflex provided and warning signs for cellulitis are discussed. F/u with dermatology or PCP for any new or worsening symptoms.^[ME.3]

Plan^[ME.1]

New Prescriptions

CEPHALEXIN (KEFLEX) 500 MG CAPSULE	Take 1 capsule (500 mg total) by mouth 3 (three) times daily for 7 days.
PREDNISONE (DELTAONE) 20 MG TABLET	3 tablets by mouth daily x3 days, then 2 tablets by mouth daily x3 days, then 1 tablet by mouth daily x3 days.
TRIAMCINOLONE (KENALOG) 0.1 % OINTMENT	Apply small amount three times a day for up to 3 weeks

No orders of the defined types were placed in this encounter.^[ME.2]

I have reviewed the diagnosis, care plan, and discharge instructions with the patient and they understand and agree with the plan.

An After Visit Summary was printed and given to the patient.^[ME.1]

Michael Edmonds, PA-C^[ME.2]

Electronically signed by Edmonds, Michael, PA-C 02/24/23 1711

Attribution Key

ME.1 - Edmonds, Michael, PA-C on 02/24/23 1307

ME.2 - Edmonds, Michael, PA-C on 02/24/23 1709

ME.3 - Edmonds, Michael, PA-C on 02/24/23 1703



Tower Health Medical Group

TOWER HEALTH

Advancing the Health of the Community

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612
Notes Report

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 2/24/2023

Progress Notes by Edmonds, Michael, PA-C at 02/24/23 1220 (continued)

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Progress Notes by Seering, Graham J, PA-C at 06/12/23 1240

Author: Seering, Graham J, PA-C	Service: —	Author Type: Physician Assistant
Filed: 06/12/23 1618	Encounter Date: 6/12/2023	Note Type: Progress Notes
Status: Signed	Editor: Seering, Graham J, PA-C (Physician Assistant)	
Cosigner: Jani, Ajay N, MD at 06/12/23 1648		

SUBJECTIVE:

This is a^[GS.1] 32 y.o.^[GS.2] year old^[GS.1] female^[GS.2] who presents to the urgent care complaining of^[GS.1] recurrent^[GS.3] rash^[GS.1] on b/l hands. Patient states rash started a few months ago after exposure to a cleaning product that was recalled - seen at this urgent care and diagnosed with dermatitis and given topical triamcinolone. Patient states topical steroid has improved symptoms however, she ran out of triamcinolone recently and symptoms returned. Patient states she is no longer being exposed to the cleaning products however she works as a dealer at a casino and has to wash her hands very often. Rash is itchy and painful. Denies any redness, swelling, bleeding, discharge.^[GS.3] Rash is not itchy or painful.^[GS.1] Has not tried any OTC medications after running out of triamcinolone.^[GS.3]

HPI

Review of Systems

Constitutional: Negative for^[GS.1] chills^[GS.3] and^[GS.1] fever^[GS.3].
 HENT: Negative for^[GS.1] rhinorrhea^[GS.3],^[GS.1] sneezing^[GS.3] and^[GS.1] sore throat^[GS.3].
 Eyes: Negative for^[GS.1] redness^[GS.3] and^[GS.1] itching^[GS.3].
 Respiratory: Negative for^[GS.1] shortness of breath^[GS.3].
 Cardiovascular: Negative for^[GS.1] chest pain^[GS.3].
 Gastrointestinal: Negative for^[GS.1] nausea^[GS.3] and^[GS.1] vomiting^[GS.3].
 Genitourinary:^[GS.1] Negative^[GS.3].
 Musculoskeletal: Negative for^[GS.1] arthralgias^[GS.3] and^[GS.1] joint swelling^[GS.3].
 Skin: Positive for^[GS.1] rash^[GS.3]. Negative for^[GS.1] wound^[GS.3].
 Allergic/Immunologic: Negative for^[GS.1] environmental allergies^[GS.3].
 Neurological: Negative for^[GS.1] dizziness^[GS.3] and^[GS.1] numbness^[GS.3].^[GS.1]
 All other systems reviewed and are negative^[GS.3].

CURRENT MEDS:^[GS.1]

has a current medication list which includes the following prescription(s): ibuprofen, prednisone, sumatriptan, and triamcinolone.^[GS.2]

PMH:^[GS.1]



**Tower Health
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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 6/12/2023

Notes Report

Progress Notes by Seering, Graham J, PA-C at 06/12/23 1240 (continued)

has no past medical history on file.^[GS.2]

OBJECTIVE:^[GS.1]

Blood pressure 126/70, pulse 66, temperature 37.2 °C (98.9 °F), resp. rate 18, last menstrual period 06/09/2023, SpO2 99 %.^[GS.2]

Physical Exam^[GS.1] Vitals^[GS.3] and^[GS.1] nursing note^[GS.3] reviewed.

Constitutional:

General: She is^[GS.1] not in acute distress^[GS.3].

Appearance:^[GS.1] Normal appearance^[GS.3]. She is not^[GS.1] ill-appearing^[GS.3].

HENT:

Head:^[GS.1] Normocephalic^[GS.3] and^[GS.1] atraumatic^[GS.3].

Nose:^[GS.1] Nose normal^[GS.3].

Mouth/Throat:

Mouth: Mucous membranes are^[GS.1] moist^[GS.3].

Pharynx:^[GS.1] Oropharynx is clear^[GS.3].

Eyes:

Extraocular Movements:^[GS.1] Extraocular movements intact^[GS.3].

Conjunctiva/sclera:^[GS.1] Conjunctivae normal^[GS.3].

Neck:

Musculoskeletal:^[GS.1] Neck supple^[GS.3].

Cardiovascular:

Rate and Rhythm:^[GS.1] Normal rate^[GS.3] and^[GS.1] regular rhythm^[GS.3].

Heart sounds:^[GS.1] Normal heart sounds^[GS.3].

Pulmonary:

Effort: Pulmonary effort is^[GS.1] normal^[GS.3].

Breath sounds: Normal^[GS.1] breath sounds^[GS.3].

Musculoskeletal:

Hands:^[GS.1]



**Tower Health
Medical Group**

TOWER HEALTH

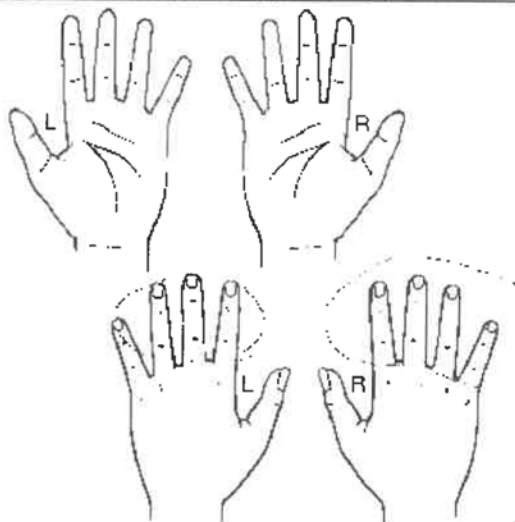
Advancing Health. Transforming Lives.

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 6/12/2023

Notes Report

Progress Notes by Seering, Graham J, PA-C at 06/12/23 1240 (continued)



[GS.3]

Cervical back:[GS.1] Neck supple:[GS.3]

Comments:[GS.1] Volar aspect of all fingers with diffuse scaly hyperpigmented rash extending from MCP to finger nails. Skin is dry and there are scattered skin fissures no erythema, edema, bleeding or discharge.[GS.3]

Neurological:

General:[GS.1] No focal deficit:[GS.3] present.

Mental Status: She is:[GS.1] alert:[GS.3] and:[GS.1] oriented to person, place, and time:[GS.3]

Skin:

General: Skin is:[GS.1] warm:[GS.3] and:[GS.1] dry:[GS.3]

Psychiatric:

Mood and Affect:[GS.1] Mood:[GS.3] normal.

Behavior:[GS.1] Behavior:[GS.3] normal.

No results found.

ASSESSMENT:[GS.1]

Final diagnoses:

Irritant hand dermatitis:[GS.2]

MDM: Pt presenting with:[GS.1] recurrent rash on bilateral fingers for the past few months:[GS.3] [GS.1] Rash appearance and clinical presentation consistent with recurrent irritant dermatitis, likely secondary to frequent hand washing and job duties. Patient to use triamcinolone topical ointment, and supportive measures as recommended. Patient has appointment with dermatologist next week.[GS.3] Pt understanding and agreeing to plan.



Tower Health Medical Group

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 6/12/2023

Notes Report

Progress Notes by Seering, Graham J, PA-C at 06/12/23 1240 (continued)

PLAN:^[GS.1]

No orders of the defined types were placed in this encounter.

New Prescriptions

TRIAMCINOLONE (KENALOG) 0.1 % OINTMENT	Apply small amount three times a day for up to 3 weeks
----------------------------------------------	--------------------------------------------------------------

[GS.2]

Plan as described in MDM

See AVS for additional patient instructions.

Procedures^[GS.1]

Graham J Seering, PA-C^[GS.2]

Electronically signed by Jani, Ajay N, MD 06/12/23 1648

Attribution Key

GS.1 - Seering, Graham J, PA-C on 06/12/23 1250

GS.2 - Seering, Graham J, PA-C on 06/12/23 1618

GS.3 - Seering, Graham J, PA-C on 06/12/23 1610

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Progress Notes by Horinko, Monico at 07/24/23 1115

Author: Horinko, Monico	Service: —	Author Type: Medical Student
Filed: 07/24/23 1533	Encounter Date: 7/24/2023	Note Type: Progress Notes
Status: Attested	Editor: Horinko, Monico (Medical Student)	
Cosigner: Edmonds, Michael, PA-C at 07/24/23 1533		
Attestation signed by Edmonds, Michael, PA-C at 07/24/23 1533		

I have seen and examined the patient, and have reviewed the note written by Medical Student Monica Horinko. The student performed the history and examination in the physical presence of myself or the resident. I verify that all components of the current note are accurate and reflect my assessment of the patient.

Michael Edmonds, PA-C



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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612
Notes Report

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Progress Notes by Horinko, Monico at 07/24/23 1115 (continued)

7/24/2023, 3:33 PM

Subjective:

Subjective Patient ID: Patricia Bevins is a 32 y.o. female.

Patient is a 32 y/o female with PMH of BV presenting for abnormal vaginal discharge x 2 weeks. Patient recently became sexually active again after 2 years and her symptoms began afterward. Admits to prominent odor and says she is having white discharge, more than usual. Has not tried anything thus far to improve sx. Denies itching, abdominal pain, dyspareunia, dysuria, genital lesions, abnormal bleeding, fever, chills, nausea, vomiting.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history, and problem list.

Review of Systems

Constitutional: Negative for chills and fever.

Gastrointestinal: Negative for abdominal distention, abdominal pain, nausea and vomiting.

Genitourinary: Positive for vaginal discharge (**white, thicker and more copious than usual**). Negative for dyspareunia, dysuria, flank pain, genital sores, hematuria, menstrual problem, urgency, vaginal bleeding (**recently finished regular menstrual cycle**) and vaginal pain.

Musculoskeletal: Negative for back pain and myalgias.

Skin: Negative for rash.

Objective:

Objective

Physical Exam Exam conducted with a chaperone present.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is normal weight. She is not ill-appearing or toxic-appearing.

Eyes:

Extraocular Movements: Extraocular movements intact.

Neck:

Musculoskeletal: Normal range of motion.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing.

Abdominal:

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Notes Report

Progress Notes by Horinko, Monico at 07/24/23 1115 (continued)

General: Abdomen is flat. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness. There is no right CVA tenderness, left CVA tenderness or guarding.

Genitourinary:

General: Normal vulva.

Exam position: Supine.

Pubic Area: No rash or pubic lice.

Labia:

Right: No rash.

Left: No rash.

Vagina: No foreign body. Vaginal discharge present. No bleeding.

Cervix: Discharge (moderate-large amount of yellow-tan discharge in and around the cervix) present. No friability or lesion.

Musculoskeletal:

Cervical back: Normal range of motion.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Skin:

General: Skin is warm and dry.

Findings: No erythema or rash.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

Judgment: Judgment normal.^[MH.1]

Assessment

Patricia was seen today for vaginitis.

Diagnoses and all orders for this visit:

Bacterial vaginosis

- GC AND CHLAMYDIA, NAA (UROGENITAL); Future
- TRICHOMONAS BY NUCLEIC ACID AMPLIFICATION; Future
- Bacterial Vaginosis PCR; Future
- Candidiasis PCR (Vaginal); Future

Other orders

- metronIDAZOLE (FLAGYL) 500 MG tablet; Take 1 tablet (500 mg total) by mouth every 12 (twelve) hours for 7 days.^[MH.2]



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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Notes Report

Progress Notes by Horinko, Monico at 07/24/23 1115 (continued)

Plan

Patient is a 32 y/o female w/ PMH of BV presenting for abnormal discharge x 2 weeks, described as having a foul odor, white in color and more copious than usual. Pt recently had unprotected sexual intercourse. Denies itching, abdominal pain, dyspareunia, dysuria, genital lesions, abnormal bleeding, fever, chills, nausea, vomiting. On exam there is large amount of tan colored discharge in and surrounding the os. No friability or lesions noted. No bleeding. Pt denied any abdominal tenderness w/ flat and soft abdomen on exam. Cultures being sent for STI, BV, candida testing. Ddx bacterial vaginosis vs. STI. Plan to treat for BV with metronidazole PO due to pt history and adjust treatment pending culture results.

Procedures^[MH.1]

Electronically signed by Horinko, Monico 07/24/23 1533

Attribution Key

MH.1 - Horinko, Monico on 07/24/23 1136

MH.2 - Horinko, Monico on 07/24/23 1154

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Progress Notes by Waters, Tinia, MA at 08/11/23 1220

Author: Waters, Tinia, MA	Service: —	Author Type: Medical Assistant
Filed: 08/11/23 1227	Encounter Date: 8/11/2023	Note Type: Progress Notes
Status: Signed	Editor: Waters, Tinia, MA (Medical Assistant)	

Patient returning for a chemical/ bacterial reaction she sustained in January; patient does normally see her PCP and dermatology, but she was unable to get a sooner appointment for the medication she needs.^[TW.1]

Electronically signed by Waters, Tinia, MA 08/11/23 1227

Attribution Key

TW.1 - Waters, Tinia, MA on 08/11/23 1222

Patient Demographics

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 18052
READING PA 19612
Notes Report

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 8/11/2023

Patient Demographics (continued)

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Progress Notes by Coyne, Elizabeth, NP at 08/11/23 1220

Author: Coyne, Elizabeth, NP	Service: —	Author Type: Nurse Practitioner
Filed: 08/11/23 1546	Encounter Date: 8/11/2023	Note Type: Progress Notes
Status: Signed	Editor: Coyne, Elizabeth, NP (Nurse Practitioner)	

Subjective:

Subjective Patient ID: Patricia Bevins is a 32 y.o. female.

HPI

32 year old female complaining of a rash on hands since January after being exposed to a chemical at work. Patient states she cannot get see Dermatology until September. Patient has not used any new soap, lotions or creams. Patient has been using neosporin.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history, and problem list.

Review of Systems

Constitutional: Negative for chills, fatigue and fever.

HENT: Negative for congestion, rhinorrhea and sore throat.

Eyes: Negative for itching.

Respiratory: Positive for cough. Negative for shortness of breath.

Gastrointestinal: Negative for diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria, frequency and urgency.

Musculoskeletal: Negative for myalgias.

Skin: Positive for rash.

Neurological: Negative for dizziness and headaches.^[EC.1]

History reviewed. No pertinent past medical history.

Past Surgical History:

Procedure	Laterality	Date
-----------	------------	------

• CESAREAN SECTION

Social History

Tobacco Use

- Smoking status: Never
- Passive exposure: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Never



Tower Health Medical Group

TOWER HEALTH

Advanced Health Information Management Notes Report

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 8/11/2023

Progress Notes by Coyne, Elizabeth, NP at 08/11/23 1220 (continued)

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking	Authorizing Provider
ibuprofen (MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 6 (six) hours.	4/27/21			Provider, Historical, MD
SUMatriptan (IMITREX) 25 MG tablet	Take 25 mg by mouth every 2 (two) hours as needed for Migraine. Take 1 tablet by mouth and repeat in 2 hours if needed for migraine. Do not exceed 2 doses in 24 hours.				Provider, Historical, MD
predniSONE (DELTASONE) 20 MG tablet	3 tablets by mouth daily x3 days, then 2 tablets by mouth daily x3 days, then 1 tablet by mouth daily x3 days.	2/24/23	8/11/23		Edmonds, Michael, PA-C

No Known Allergies^[EC.2]

Objective:^[EC.1]

Objective Blood pressure 114/70, pulse 70, temperature 36.9 °C (98.5 °F), temperature source Oral, resp. rate 18, last menstrual period 07/16/2023, SpO2 96 %^[EC.3]

Physical Exam^[EC.1] Vitals^[EC.4] reviewed.

Constitutional:

Appearance:^[EC.1] Normal appearance^[EC.4].

HENT:

Head:^[EC.1] Normocephalic^[EC.4].

Right Ear:^[EC.1] Tympanic membrane^[EC.4] normal.

Left Ear:^[EC.1] Tympanic membrane^[EC.4] normal.

Nose:^[EC.1] Nose normal^[EC.4], No^[EC.1] congestion^[EC.4].

Mouth/Throat:

Mouth: Mucous membranes are^[EC.1] moist^[EC.4].

Pharynx: No^[EC.1] oropharyngeal exudate^[EC.4].

Eyes:

Extraocular Movements:^[EC.1] Extraocular movements intact^[EC.4].

Conjunctiva/sclera:^[EC.1] Conjunctivae normal^[EC.4].

Pupils:^[EC.1] Pupils are equal, round, and reactive to light^[EC.4].

Neck:

Musculoskeletal:^[EC.1] Normal range of motion^[EC.4].

Cardiovascular:

Rate and Rhythm:^[EC.1] Normal rate^[EC.4] and^[EC.1] regular rhythm^[EC.4].

Heart sounds:^[EC.1] Normal heart sounds^[EC.4].

Pulmonary:

Effort: Pulmonary effort is^[EC.1] normal^[EC.4].



Tower Health Medical Group

TOWER HEALTH

Advancing Health. Transforming Lives. Notes Report

THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 8/11/2023

Progress Notes by Coyne, Elizabeth, NP at 08/11/23 1220 (continued)

Breath sounds: Normal^[EC.1] breath sounds^[EC.4], No^[EC.1] wheezing^[EC.4] or^[EC.1] rhonchi^[EC.4].

Chest:

Chest wall: No^[EC.1] tenderness^[EC.4].

Musculoskeletal:

General:^[EC.1] Normal range of motion^[EC.4].

Cervical back:^[EC.1] Normal range of motion^[EC.4].

Neurological:

Mental Status: She is^[EC.1] alert^[EC.4] and^[EC.1] oriented to person, place, and time^[EC.4].

Skin:

General: Skin is^[EC.1] dry^[EC.4].

Findings:^[EC.1] Rash (fine rash scatterd on dorsum of both hands. No drainage, erythema or swelling.)^[EC.4] present.

Psychiatric:

Behavior:^[EC.1] Behavior^[EC.4] normal.

Assessment

32 year old female complaining of a rash on hands since January after being exposed to a chemical at work. Patient states she cannot get see Dermatology until September. Patient has not used any new soap, lotions or creams. Patient has been using neosporin.^[EC.1] Physical exam - Ears no erythema or bulging, Throat no erythema or exudate, Lungs CTA. Both hand - fine rash scatterd on dorsum of both hands. No drainage, erythema or swelling. Patient^[EC.4] given prescription for triamcinolone. Patient to keep appointment with dermatology^[EC.5]

Patricia was seen today for hand problem.

Diagnoses and all orders for this visit:

Allergic reaction to chemical substance, accidental or unintentional, initial encounter

Other orders

- triamcinolone (KENALOG) 0.1 % ointment; Apply small amount three times a day for up to 3 weeks^[EC.6]

Plan

Triamalone ointment 3 times a day

Return for any redness, swelling, yellow drainage, fevers, or anything that worries you

Follow up with dermatology.

I have reviewed the diagnosis and treatment plan with the patient and patient understands and agrees to the



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THMG Health Information
Management
6th Ave and Spruce Street
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Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 8/11/2023

Notes Report

Progress Notes by Coyne, Elizabeth, NP at 08/11/23 1220 (continued)

plan and will call with any questions or concerns

An After Visit Summary was printed and given to the patient.^[EC.4]

Procedures^[EC.1]

Electronically signed by Coyne, Elizabeth, NP 08/11/23 1546

Attribution Key

- EC.1 - Coyne, Elizabeth, NP on 08/11/23 1230
- EC.2 - Coyne, Elizabeth, NP on 08/11/23 1235
- EC.3 - Coyne, Elizabeth, NP on 08/11/23 1234
- EC.4 - Coyne, Elizabeth, NP on 08/11/23 1245
- EC.5 - Coyne, Elizabeth, NP on 08/11/23 1544
- EC.6 - Coyne, Elizabeth, NP on 08/11/23 1546

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Order

Candidiasis PCR (Vaginal) [LAB10025]
(Order 390093961)

Candidiasis PCR (Vaginal) [390093961]

Electronically signed by: Interface, Labcorp Lab Results In on 07/25/23 0000

Status: Completed

Ordering user: Interface, Labcorp Lab Results In 07/25/23 0000

Authorized by: Edmonds, Michael, PA-C

Frequency: 07/25/23 -

Specimen Information

Type	Collected By
—	07/24/23 0000

Results

Resulted: 07/25/23 1815, Result status: Final

Candidiasis PCR (Vaginal) [390093961]

result

Order status: Completed

Resulting lab: LABCORP

Narrative:

Test(s) 180056-Candida albicans, NAA; 180057-Candida glabrata, NAA;



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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Lab Results Report

Results (continued)

180053-C parapsilosis/tropicalis; 180015-Candida lusitanae, NAA;
180016-Candida krusei, NAA
was developed and its performance characteristics determined
by Labcorp. It has not been cleared or approved by the Food
and Drug Administration.

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Liza Jodry MD, Phone: 8006315250

Components

Component	Value	Reference Range	Flag	Lab
Candida albicans NAA	Negative	Negative	—	LABCORP 01
Candida glabrata NAA	Negative	Negative	—	LABCORP 01
C parapsilosis/tropicalis	Negative	Negative	—	LABCORP 01
Comment: This assay does not differentiate C. tropicalis and C. parapsilosis.				
Candida lusitanae NAA	Negative	Negative	—	LABCORP 01
Candida krusei NAA	Negative	Negative	—	LABCORP 01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	330 N Arch St Unit 1 Lancaster PA 17603	12/04/19 0831 - Present
90 - LABCORP 01	LABCORP 1	Unknown	Unknown	07/20/20 0751 - Present

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Order	BACTERIAL VAGINOSIS PCR [LAB340762] (Order 390093962)
-------	----------------------------------------------------------

BACTERIAL VAGINOSIS PCR [390093962]

Electronically signed by: **Interface, Labcorp Lab Results In on 07/25/23 0000** Status: **Completed**
Ordering user: Interface, Labcorp Lab Results In 07/25/23 Authorized by: Edmonds, Michael, PA-C
0000

Frequency: 07/25/23 -

Specimen Information

Type	Collected By
—	07/24/23 0000

Results

BACTERIAL VAGINOSIS PCR [390093962]	Resulted: 07/25/23 1815, Result status: Final result
Order status: Completed	Resulting lab: LABCORP
Narrative:	
Performed at: 01 - Labcorp Raritan	



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 69 First Avenue, Raritan, NJ 088691800
 Lab Director: Liza Jodry MD, Phone: 8006315250

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 6th Ave and Spruce Street
 PO Box 16052
 READING PA 19612
 Lab Results Report

 Bevins, Patricia
 MRN: 5946395, DOB: 5/18/1991, Sex: F
 Visit date: 7/24/2023

Results (continued)

 69 First Avenue, Raritan, NJ 088691800
 Lab Director: Liza Jodry MD, Phone: 8006315250

Components

Component	Value	Reference Range	Flag	Lab
Atopobium vaginae	Low - 0	Score	—	LABCORP 01
BVAB 2	Low - 0	Score	—	LABCORP 01
Megasphaera Species	Low - 0	Score	—	LABCORP 01

Comment:

Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows:

Total score 0-1: Indicates the absence of BV.

Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis.

Total score 3-6: Indicates the presence of BV.

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	330 N Arch St Unit 1 Lancaster PA 17603	12/04/19 0831 - Present
90 - LABCORP 01	LABCORP 1	Unknown	Unknown	07/20/20 0751 - Present

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Order

GC AND CHLAMYDIA, NAA
(UROGENITAL) [LAB123600011] (Order
390093963)

GC AND CHLAMYDIA, NAA (UROGENITAL) [390093963]

 Electronically signed by: **Interface, Labcorp Lab Results In on 07/25/23 0000**

 Status: **Completed**

Ordering user: Interface, Labcorp Lab Results In 07/25/23

Authorized by: Edmonds, Michael, PA-C

0000

Frequency: 07/25/23 -

Specimen Information

Type	Collected By
—	07/24/23 0000

Results

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THMG Health Information
Management
6th Ave and Spruce Street
PO Box 16052
READING PA 19612

Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Lab Results Report

Results (continued)

Resulted: 07/27/23 1005, Result status: Final
result

GC AND CHLAMYDIA, NAA (UROGENITAL) [390093963]

Order status: Completed

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp Raritan

69 First Avenue, Raritan, NJ 088691800

Lab Director: Liza Jodry MD, Phone: 8006315250

Components

Component	Value	Reference Range	Flag	Lab
Chlamydia trachomatis:	Negative	Negative	—	LABCORP 01
Neisseria gonorrhoeae:	Negative	Negative	—	LABCORP 01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	330 N Arch St Unit 1 Lancaster PA 17603	12/04/19 0831 - Present
90 - LABCORP 01	LABCORP 1	Unknown	Unknown	07/20/20 0751 - Present

Patient Demographics

Patient Name	Legal	DOB	Service	Address	Phone
Bevins, Patricia	Sex	5/18/19	Area	916 N 46th street	267-366-4670 (Home)
	F	91	TWR	PHILA PA 19131	267-366-4670 (Mobile)
			SERVI		
			CE		
			AREA		

Order	TRICHOMONAS BY NUCLEIC ACID AMPLIFICATION [LAB921] (Order 390093964)
-------	----------------------------------------------------------------------------

TRICHOMONAS BY NUCLEIC ACID AMPLIFICATION [390093964]

Electronically signed by: Interface, Labcorp Lab Results In on 07/25/23 0000

Status: Completed

Ordering user: Interface, Labcorp Lab Results In 07/25/23 Authorized by: Edmonds, Michael, PA-C

Frequency: 07/25/23 -

Specimen Information

Type	Collected By
—	07/24/23 0000

Results

TRICHOMONAS BY NUCLEIC ACID AMPLIFICATION [390093964] Resulted: 07/27/23 1005, Result status: Final
(Abnormal) result

Order status: Completed

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp Raritan

69 First Avenue, Raritan, NJ 088691800

Lab Director: Liza Jodry MD, Phone: 8006315250

Components

Component	Value	Reference	Flag	Lab
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**Tower Health
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Advancing Health. Transforming Lives. Lab Results Report

 THMG Health Information
Management
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READING PA 19612

 Bevins, Patricia
MRN: 5946395, DOB: 5/18/1991, Sex: F
Visit date: 7/24/2023

Results (continued)

		Range		
T. vaginalis by TMA	Positive	Negative	A !	LABCORP 01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	330 N Arch St Unit 1 Lancaster PA 17603	12/04/19 0831 - Present
90 - LABCORP 01	LABCORP 1	Unknown	Unknown	07/20/20 0751 - Present

END OF REPORT







100 M rps is the top
 Plus, it's a...
 Cluster for the future.

[illegible]

Mt. & BJ's leader:	J	T	S	D	\$17.99
BJ's Member Sign					12.99
Donations Received					4.50
Rewards Received					0.00
Current Balance Summary					
FuelSaver earned per gal	2.1				22.00/gal
FuelSaver earned per gal					0.00/gal
Visit & Location					for more details

ENTER FOR A PRIZE TO
WIN A BUS TO ITALY

Scan the QR code to view a full
file and access the new A-Z index

H	E	N	E	P	C	Y
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
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58	58	58	58	58	58	58
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62	62	62	62	62	62	62
63	63	63	63	63	63	63
64	64	64	64	64	64	64
65	65	65	65	65	65	65

Mar, 12/19/2022
01:23:41

Member Care
(800) 257-2582



134 Street NW
New Castle, DE
Civil War Training Center

[illegible]

*****	DATE	FS BAL DUE	
*****	*****	*****	*****
REF#			
EBT F/S	BALANCE	\$180.17	659.73
	EBT Food Stamp		70.00
	Cash		0.00
	FS CHG		5.76
	CHANGE		
TOTAL ITEMS = 48			

As a BJ's Member I JUST SAVED: \$146.09

BJ's Member Savings	128.34
Coupons Redeemed	17.75
Rewards Redeemed	0.00
Current BJ's Gas Savings	
FuelSaver earned, thru 01/29/23 @ 10.9¢/gal	
FuelSaver earned in 11.6¢/gal @ 0.3¢/gal	

Visit BJ's.com/Gas for more details

871.35

In the last 12 months I saved	\$71.39
BJ's Member Savings	25.89
Coupons Redeemed	15.00
Awards Redeemed	30.00
Fuel Savings Received	0.00
BJ's Spend to Next Award	\$114.50

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Product Recall

Lauren H. Creston-Watson
6164 W. Oxford St.
Philadelphia, PA 19151-4540
481-444-0000

Photos



**Red Fabuloso Multi-Purpose Cleaner,
der Scent, 210 fl. oz.**



Recalled Fabuloso Original Multi-Purpose Cleaner Refreshing Lemon Scent, 22 fl oz



9 Professional All Purpose
 User, Lavender Scent, 1 Gallon

FAB23-2

1000 W. 1st St. N. Apt. 101
 Portland, OR 97209
 (503) 228-1111

[illegible]

TOTAL ITE 15

Jul 6 Julia's heater	\$117.99
Jul 6 Mrs. Givens	12.89
Customer Returns	4.50
Rewards Program	9.00
Current & Sales Taxes	
Fuel/Saver card	71.22 @ .00%
Fuel/Saver card	0.00%
Vault & ATM	1.00 @ .00%

ENTER TO BE SELECTION
JAN 10 1964

Scanned by U.S. Coast Guard on 11/11/11
at 11:11 AM in 11:11 AM at 11:11 AM



日期: 2022年12月12日
 时间: 12:29
 地点: 12:29

Member Care
(800) 257-2582

[illegible][illegible][illegible]

4-8-21-99	PURE LEAF	57.49
1700018284	ESSENTIAL	87.84
66722701216		
4-8-21-99		
2 36209	ESPA-ESSENTIAL	1.00
7800016211	CANCER 1/4/12	10.79
**** SUB TOTAL		623.97
**** TOTAL		623.97
PG BAL DUE		663.73

ENT F/F BALANCE	5180.00	
ENT Food Stamp		565.33
Cash		70.00
FS (MAG)		2.00
CHARGE		1.00
TOTAL	5758.33	

Mr & Mrs. Member 3, 1007 841/10 = \$14.00
 2 1/2 Weeks Savings 120.00
 Coupons Redeemed 15.00
 Rewards Redeemed 15.00
 Current BJ's Gas Savings
 FuelSaver earned thru 10/26/23 0.10%
 FuelSaver earned in place to 0.30%
 VISIT BJ's.com/BJ's for more details

In the last 12 months I saved \$71.25
 BJ's Member Savings 25.89
 Coupons Redeemed 15.00
 Rewards Redeemed 30.00
 Fuel Savings Received 0.01
 BJ's Spend to Next Award

ENTER FOR A CHANCE TO
WIN A BJ's GIFT CARD



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code now

Sedgwick Claims Management Services, Inc.
Po Box 14151
Lexington, KY 40512-4151



sedgwick

Phone: (800)551-0271
Fax: (859)264-4060

June 06, 2023

De Fino Law Associates P.C.
Attn: Nicholas L Palazzo Esq
2541 S. Broad St.
Philadelphia, PA 19148

Re : **Insured:** BJ's Wholesale Club, Inc.
 Claimant Name: Patricia Bevins
 Date of Loss: 01/01/2023
 Claim Number: 4A23061V0PV-0001

Dear Nicholas L Palazzo Esq:

This letter will serve to acknowledge receipt of your Letter of Representation, relative to the above-captioned matter, as well as confirm my telephone call to your office.

Sincerely,

Thomas Sullivan
Claims Examiner

Direct Dial: (610)293-3050
Toll Free: (800)551-0271
Facsimile: (859)264-4060
Email: thomas.sullivan@sedgwick.com

Sedgwick manages claims on behalf of BJ's Wholesale Club, Inc..

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.



6/6/2023

4A23061V0PV0001

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